

Michigan Dept of Community Health  
EMS and Trauma Systems Section

# **Medical Control Authority Evaluation Tool**

**October 2011**

Unless otherwise noted, Rules cited are from the Michigan Administrative Code, R 325.22101 through R325.22217, effective May 19, 2004

Statutory language is from the Michigan Public Health Code, MCL Chapter 333, Part 209, otherwise known as Public Act 368 of 1978 as amended.

Free-Standing Surgical Outpatient Facilities, licensed under part 208 of the Michigan Public Health Code, are referenced in this document with the abbreviation “FSOF”

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“Medical Control”, per R 102(l) Means “Supervising and coordinating emergency medical services through a medical control authority, as prescribed, adopted and enforced through department approved protocols, within an emergency medical services system”

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# **1. MCA Designation and Organization**

**1.1 Has your MCA received written approval from the Department for any changes in geographic area of responsibility since the initial designation?**

*See 333.20918 (1) (Excerpt) The department shall designate a medical control authority for each Michigan county or part of a county, except that the department may designate a medical control authority to cover 2 or more counties if the department and affected medical control authorities determine that the available resources would be better utilized with a multiple county medical control authority.*

*Rule 206(2) A medical control authority shall obtain approval from the department to change or combine medical control authority regions, or to assume a temporary contractual responsibility for a portion of another medical control authority's region.*

**1.2 MCA's are to be administered by the participating hospitals in the MCA region. Does your MCA administration include all hospitals within the region that operate a facility for treating emergency patients? Name those facilities.**

**1.3 If not all hospitals participate, have all been invited to participate in the planning and development activities of the MCA?**

*MCL 333.20918 (2) (Excerpt) A medical control authority shall be administered by the participating hospitals.*

*R 201(4) (4) A medical control authority shall be administered by the participating hospitals of the designated medical control authority region.*

*Sec. 20918. (1) Each hospital licensed under part 215 and each freestanding surgical outpatient facility licensed under part 208 that operates a service for treating emergency patients 24 hours a day, 7 days a week and meets standards established by medical control authority protocols shall be given the opportunity to participate in the ongoing planning and development activities of the local medical control authority designated by the department and shall adhere to protocols for providing services to a patient before care of the patient is transferred to hospital personnel, to the extent that those protocols apply to a hospital or freestanding surgical outpatient facility.*

*R 201 (5) Each hospital licensed under part 215 of the code that operates a service for treating emergency patients 24 hours a day, 7 days a week may participate and serve on the medical control authority board in the ongoing planning and development activities of the medical control authority designated by the department.*

**1.4 Does your MCA region contain any freestanding surgical facilities (FSOFs), licensed under Part 208 of the Public Health Code? Are they participating in the administration of the MCA?**

**1.5 What are the “applicable standards” established to allow participation in the MCA by FSOFs? Are they part of the MCA protocols?**

*See 333.20918(1) above, and R 201(6) (6) Each freestanding surgical outpatient facility licensed under part 208 of the code that operates a service for treating emergency patients 24 hours a day, 7 days a week and meets standards established by the medical control authority may participate and serve on the medical control authority board in the ongoing planning and development activities of the medical control authority designated by the department. If a freestanding surgical outpatient facility participates in the medical control authority as described in this rule, the facility shall meet all applicable standards established by the medical control authority.*

- 1.6 When were your MCA bylaws last reviewed or revised?**
- 1.7 Describe the organizational structure of your MCA**

*Rule 202. (1) A medical control authority, as defined in the code, shall be approved by the department and do all of the following:*  
*(a) Develop bylaws that define the medical control authority organizational structure.*

**1.8 Describe the MCA “Board”. Is a majority voting position on the Board held by representatives of hospitals and/or freestanding surgical facilities? Provide a list of Board members and who they represent.**

**1.9 Who appoints hospital / FSOF representatives to your MCA Board?**

**1.10 How do those representatives participate in your MCA administration? (Meeting attendance, etc.)**

**1.11 Are the hospital / FSOF representatives vested with decision-making authority that allows them to speak for their hospital?**

**1.12 If the hospital / FSOF representative is not the CEO of the facility, how does the CEO stay informed of MCA decisions and actions?**

*Rule 202. (b) Appoint a medical control authority board, as defined in these rules, to administer the medical control authority. The majority of the board shall be comprised, at a minimum, of members of the hospitals and, when applicable, freestanding surgical outpatient facilities. The board may include representation of life support agencies.*

**1.13 Has the MCA appointed an “Advisory Body”?**

**1.14 Does the Advisory Body membership meet the requirements of Section 20918 (above)?**

**1.15 Does the Advisory Body meet at least quarterly?**

**1.16 How does the Advisory Body communicate its advice to the MCA, Medical Director, and Life Support Agency lead administrator? (Written minutes or other documents, etc.)**

*MCL 333.20918(2) ..... Subject to subsection (4), the participating hospitals shall appoint an advisory body for the medical control authority that shall include, at a minimum, a representative of each type of life support agency and each type of emergency medical services personnel functioning within the medical control authority's boundaries.*

*(4) No more than 10% of the membership of the advisory body of a medical control authority shall be employees of the medical director or of an entity substantially owned or controlled by the medical director.*

*R 202 (d) Appoint an advisory body as defined in section 20918 (2) and (4) of the code. The advisory body shall meet at least quarterly.*

*R 204 A medical control authority shall appoint an advisory body as defined in section 20918 (2) and (4) of the code. The advisory body shall, at a minimum do all of the following:*  
*(a) Advise the medical control authority on the appointment of a medical director.*  
*(b) Advise the medical control authority on the development of protocols.*  
*(c) Meet at least quarterly.*



- 1.17 Does the Board also function as the “Advisory Body”?**  
**If so, do hospitals still retain a voting majority on the Board?**

*R 202 (c) If the board also functions as the advisory body to the medical control authority as described in this rule, then the board shall include a representative of each type of life support agency and emergency medical services personnel functioning within the medical control authority's region.*

## **2. Medical Director**

- 2.1 Who is the Medical Director of your MCA? When was that person appointed to the position?**
- 2.2 How was that person chosen and appointed?**
- 2.3 Does the Medical Director meet the qualifications for appointment? (Board Certified in EM, or as otherwise qualified per statute, below)**
- 2.4 What formal role does the Advisory Body play in the appointment of the Medical Director?**
- 2.5 Are there multiple or “deputy” medical directors appointed in your MCA? Have these additional appointments been approved by the Department?**

*MCL 333.20918 (3) With the advice of the advisory body of the medical control authority appointed under subsection (2), a medical control authority shall appoint a medical director of the medical control authority. The medical director shall be a physician who is board certified in emergency medicine by a national organization approved by the department, or who practices emergency medicine and is certified in both advanced cardiac life support and advanced trauma life support by a national organization approved by the department, and who meets other standards set forth in department rules. The medical director is responsible for medical control for the emergency medical services system served by the medical control authority.*

*R 202 (e) Appoint a medical director, with the advice of the advisory body, in accordance with section 20918 (3) of the code. The medical director is responsible for medical control for the emergency medical services system served by the medical control authority. The medical control authority, with the advice of the advisory body, may appoint more than 1 physician to serve as medical director provided the individual meets all applicable criteria, and is approved by the department.*

**2.6 How does the Medical Director, as an “agent of” the MCA, regularly report to the MCA Board on issues related to EMS?**

*Rule 205. (1) The medical director is an agent of the medical control authority and is responsible for medical control for the emergency medical services system.*

**2.7 Has the Medical Director completed an education program for EMS Medical Directors, sponsored or approved by the Department, within one year of appointment?**

**2.8 Does the Medical Director participate at least once every two years in a Department approved educational program related to EMS medical control issues?**

**2.9 How does the Medical Director receive input from the Advisory Body?**

*R 205 (3) The medical director shall do all of the following:*

*(a) Participate every 2 years in not less than 1 department-approved educational program relating to medical control issues.*

*(b) Be responsible for the supervision, coordination, implementation, and compliance with protocols of the medical control authority.*

*(c) Receive input from, and be responsive to, the advisory body.*

*(d) Complete, within 1 year of initial appointment, a medical director's educational program provided by the department.*

### **3. Granting of Medical Control, Due Process**

**3.1 Describe how your MCA holds Life Support Agencies “accountable” in the provision of EMS services.**

*Sec 20918 (6) Each life support agency and individual licensed under this part is accountable to the medical control authority in the provision of emergency medical services, as defined in protocols developed by the medical control authority and approved by the department under this part.*

*Rule 202 1 (g) Make each licensed life support agency and individual accountable to the medical control authority in the provision of emergency medical services, as defined in department-approved protocols.*

**3.2 Is there a formal process in your State approved protocols to grant authority to operate to a Life Support Agency?**

**3.3 Is there a formal process to grant authority to function as EMS personnel within your MCA?**

**3.4 Describe the specific “process, actions, and sanctions” authorized by your MCA protocols to be used to hold a Life Support Agency or personnel accountable to the MCA?**

**3.5 Is there a written, step-by-step, disciplinary process in place within the MCA system?**

- **How does that process protect the “due process” rights of persons or Life Support Agency involved?**
- **Is there a formal appeal process spelled out?**

*Sec. 20919. (1) A local medical control authority shall establish written protocols for the practice of life support agencies and licensed emergency medical services personnel within its region. The protocols shall be developed and adopted in accordance with procedures established by the department and shall include all of the following:(a) The acts, tasks, or functions that may be performed by each type of emergency medical services personnel licensed under this part.*

*Rule 210. (1) Each life support agency and emergency medical services personnel licensed under this part is accountable to the medical control authority in the provision of emergency medical services within the medical control authority region, as defined in department-approved protocols.*

*(2) A medical control authority shall establish written procedures defining the process, actions, and sanctions a medical control authority may use in holding a life support agency or personnel accountable. These procedures shall include disciplinary action against a life support agency or emergency medical services personnel to assure compliance with standards of medical care, protocols, and operational procedures or to protect the public health, safety, or welfare.*

**3.6 How does your MCA assure that only those licensed individuals or agencies authorized by the MCA to provide patient care are functioning within the MCA's EMS system?**

*Sec 20919 (f) Protocols to ensure that if medical control has been removed from a participant in an emergency medical services system, the participant does not provide prehospital care until medical control is reinstated, and that the medical control authority that removed the medical control notifies the department within 1 business day of the removal.*

**3.7 How does your MCA monitor the availability of each Life Support Agency?**

*Rule 202 (4) The medical control authority shall notify the department if a life support agency is consistently unable to provide at least 1 life support vehicle 24- hours-a-day, 7-days-a-week.*



**3.8 How are hospital and FSOF leaders and staff made aware of MCA protocols that may impact their operations? Is there a formal procedure in place to assure that all hospitals within an MCA's geographic region adhere to MCA protocols that may pertain to them?**

**3.9 If there are multiple hospitals or FSOFs within the MCA, are there protocols defining which hospitals can provide on-line medical direction?**

**3.10 Which personnel within the hospital or FSOF are authorized to provide on-line medical direction? (Physician, RN, etc.)**

- Any special training needed?
- Any limits for some personnel?
- Which personnel are authorized to order a deviation from written protocol?

*Sec 21513 "Owner, operator, governing body of hospital; responsibilities and duties generally" (f) Shall assure that the hospital adheres to medical control authority protocols according to Section 20918."*

*Rule 202(2) (2) Each participating and nonparticipating hospital within a medical control authority region shall follow all standards, policies, procedures and protocols established by the medical control authority as approved by the department.*

**3.11 How does your MCA assure that Life Support Agencies are assessing the clinical competency of their staff before that individual provides patient care?**

*Rule 207 (1)(b) Procedures to assure that life support agencies are providing clinical competency assessments to emergency medical services personnel before the individual provides emergency medical services within the medical control authority region.*

**3.12 If a hospital, or FSOF, in the MCA also operates or has a financial interest in a Life Support Agency, how does the MCA assure that its protocols or other policies do not unfairly impact other Life Support Agencies?**

- **Are there “neutral safeguards” in place to assure disinterested determinations?**

## **4. Protocol Development**

- 4.1 Describe the protocol development and review process in your MCA.**
- 4.2 Is there evidence of your MCA Advisory Body providing formal input to any proposed new protocol?**

*Rule 204. (Excerpt) (b) Advise the medical control authority on the development of protocols.*

**4.3 Are proposed protocols circulated in draft form, for comment, to all affected entities?**

**4.4 Are protocols formally adopted and implemented only after the local comment period, Department review and Department approval have been obtained?**

**4.5 Are approved protocols provided to hospitals, FSOs, and Life Support Agencies?**

*Sec 20919 (3)(a) At least 60 days before adoption of a protocol, the medical control authority shall circulate a written draft of the proposed protocol to all significantly affected persons within the emergency medical services system served by the medical control authority and submit the written draft to the department for approval.*

*Rule 208. (1) A medical control authority shall circulate, at least 60 days before adoption, a draft of proposed protocols to all affected life support agencies within the emergency medical services system under the medical control authority.*

*Rule 208 (5) Following department approval of a protocol, the medical control authority may formally adopt the protocol.*

**4.6 Is the MCA involved in regulation of interfacility transfers, either wholly within or originating from within the MCA boundaries?**

- **If so, are there approved protocols for this activity?**
- **How are transferring physicians made aware of any limits or requirements of these protocols?**
- **Does hospital staff understand the role of the MCA in interfacility transfers?**

**4.7 Do agreements with other medical control authorities exist to allow for interfacility transfers that both begin and end outside of the “home” MCA of a Life Support Agency?**

*R 215 A medical control authority may adopt a protocol that governs the transport of a patient from 1 health facility to another.*

## **5. Quality Improvement and PSRO**

**5.1 Does your MCA have a quality improvement program in place and functioning**

**5.2 Does the Quality Improvement program include a formal Professional Standards Review Organization?**

**5.3 What is the involvement of the Medical Director in the PSRO / Quality Improvement process?**

**5.4 How does your MCA make use of the local agency data collected by MDCH in the Image Trend system?**

**5.5 What is done with the data collected under that program from each Life Support Agency to improve quality of care within the system?**

**5.6 How does the MCA assure confidentiality of the collected data?**

**5.7 What type of confidentiality agreements exist at the PSRO level?**

**5.8 Are conflicts of interest identified and avoided within the PSRO process when possible?**

**5.9 Who comprises or staffs the PSRO function? (Hospital / MCA / Life Support Agency personnel)**

*Section 20919 (1) (g) Protocols that ensure a quality improvement program is in place within a medical control authority and provides data protection as provided in 1967 PA 270, MCL 331.531 to 331.533.*

*Section 20908(8) (Definitions) "Professional Standards Review Organization" means a committee established by a life support agency or a medical control authority for the purpose of improving the quality of medical care".*

*R 207.1 (h) (h) Protocols that ensure a quality improvement program is in place. The quality improvement program shall include a requirement that each life support agency collects and submits data to the medical control authority. Data shall be reviewed by the medical control authority professional standards review organization. Data shall be protected in accordance with section 20919(1) (g) of the code.*

*Rule 211. (1) A medical control authority shall establish a quality improvement protocol to ensure a quality improvement program is in place and functional.*

*(2) Data submitted by the life support agencies within the medical control authority region shall be reviewed by the medical control authority professional standards review organization for the purpose of improving the quality of medical care within the medical control authority region.*

*(3) A quality improvement program shall comply with section 20919(1)(g) of the code.*



**5.10 How does your MCA assure that EMS Patient Care Report data is timely and fully reported to MDCH?**

*Rule 213. (2) A medical control authority shall submit data to the department as prescribed by the department and approved by the emergency medical services coordination committee.*

## **6. Pharmacy**

**6.1 Does your MCA have written protocols detailing the “security, control, dispensing and exchange” of “pharmaceuticals, IV solutions, tubing and related apparatus”?**

- **What needs to be under “lock and key”?**
- **What items need only to be “secured”?**
- **What does “secured” mean in your MCA protocols?**
- **Are there written procedures to assure the temperature control of drugs and IV solutions? How is compliance verified?**

**6.2 Is the exchange or initial dispensing of medication done only by a participating hospital pharmacy?**

**Note: The protocol and oversight process detailed in statute specifies a unique method of providing the EMS system with drugs, IV solutions, and other items that normally require a prescription. This unique method does not involve an actual prescription, but takes the form of a medical order by way of written, State approved, protocol. Michigan law makes no provision for a standard prescription, written to a Life Support Agency or individual, to provide drugs, IV solutions or supplies to a patient of that Life Support Agency or individual EMS provider.**

**6.3 Does your MCA specifically prohibit the use of prescriptions or other supply methods from outside the MCA structure as a means to supply medications to be carried on a life support vehicle?**

- **How are the drugs and IV solutions and supplies carried by life support vehicles monitored to assure they were obtained only through the MCA process and not through an outside prescription, not obtained via the MCA process?**

**6.4 How does your MCA assure that all “drugs and intravenous fluids” are “under the control” of a pharmacist that is affiliated with a participating hospital?**

- **If there is more than one participating hospital or FSO in the MCA, how do the pharmacy leaders of those h facility decide the issues related to control of drugs and IV fluids within your system?**
- **Is there a common system, or does each hospital set its own procedures?**

*R 207 (1) (k) Written procedures for the security, control, dispensing, and exchange of pharmaceuticals, intravenous solutions, tubing, and related apparatus. Life support agency medication exchange shall only take place with a participating hospital or freestanding surgical outpatient facility.*

*R 207 (3) Each medical control authority shall develop specific protocols applicable to the acquisition, storage, and use of drugs, intravenous fluids and medical devices. All drug and intravenous fluids shall be under the control of a pharmacist licensed in this state affiliated with a participating medical control authority hospital or free standing surgical outpatient facility.*

## **7. MCA Communication System**

**7.1 Who is responsible within your MCA for maintenance of records of communication with EMS providers?**

**7.2 How does your MCA assure that all communications between EMS units and hospitals are recorded?**

- **Where are these communications recorded?**
- **Who maintains that recording system?**
- **Is access to those recordings limited to properly authorized staff?**

*R 215(2) Each medical control authority shall designate an individual or organization to be responsible for maintaining records of the telecommunications activities in support of medical control. The records shall be in the form of electronic recordings and shall be kept for 60 days.*

**Michigan MEDCOM Requirements, 2011, R 1.04** *All voice communications between EMS and hospitals, related to patient care, shall be electronically recorded. These recordings shall be maintained for not less than 60 days. These recorded communications are intended to be used for system Quality Improvement activities, and may be reviewed under the MCA's Professional Standards Review Organization procedures.*

## **8. Participation in related activities**

**8.1 What is the involvement of the MCA in the local 911 Public Safety Answering Point(s)?**

- Does the leadership of the local 911 PSAP (Public Safety Answering Point) know and understand the statutory responsibility of the MCA regarding dispatch?

**8.2 Is the MCA actively involved in the provision of formal, medically directed “Emergency Medical Dispatch” systems used by the local 911-dispatch system?**

- What role does the MCA play in the dispatch of EMS units within its geographic area?

**8.3 Is the MCA Medical Director actively involved with the local PSAP to develop and approve EMS dispatch standards?**

*Section 20919 (1) (b) Medical protocols to ensure the appropriate dispatching of a life support agency based upon medical need and the capability of the emergency medical services system.*

**8.4 How does the MCA encourage the concept of an “EMS System” within its geographic area?**

- Does the MCA actively encourage all participants to function as part of an overall system?
- Are decisions made and protocols adopted that encourage “system” thinking, rather than individual agency actions?
- Is the provision of EMS service uniform throughout the MCA geographic region, to the extent possible given local resources?
- How does the MCA leadership work with local units of government to encourage an overall better EMS system?

**8.5 Is the MCA involved on a regular basis with hospital planning for activities outside the hospital campus?**

- Does the hospital staff know the capabilities and role of EMS and the medical control authority in major epidemics?
- Does the hospital staff know and understand the role of the MCA and EMS in regional trauma planning and care?